

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 08330	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name OTTO M. LINDSAY P.O. Box, Bldg., Room No., if any Street 11712 RIVERVIEW DR City ST. LOUIS State Missouri ZIP Code + 4 63138	4. Name, file number, and address of labor organization. Name LABORERS' UNION OF NORTH AMERICA LOCAL 42 Labor Organization File Number 022-166 P.O. Box, Building and Room Number, if any Street 3710 ENRIGHT AVE City ST. LOUIS State Missouri ZIP Code + 4 63108
5. Position in labor organization. PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Otto M Lindsay</u>	On <u>5-5-06</u>	<u>314-531-1187</u>
	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name ST. LOUIS CONST. LABORERS' WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2357 59TH STREET

City ST. LOUIS

State Missouri ZIP Code + 4 63110

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDES HEALTH BENEFITS TO LIUNA MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

05/19/05 - 05/24/05  
EDUCATIONAL MEETING  
AIR FARE \$566  
HOTEL \$1527  
MEETING REGISTRATION FEE \$1450  
DAILY EXPENSE \$491

## 12.b. Amount.

\$4,034

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name LERACH COUGHLIN STOIA GELLER RUDMAN ROBBINS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1845 WALNUT ST, SUITE 945

City PHILADELPHIA

State Pennsylvania ZIP Code + 4 19103

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ST. LOUIS CONST. LABORERS' WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2357 59TH STREET

City ST. LOUIS

State Missouri ZIP Code + 4 63110

## 11.a. Nature of such dealing.

SERVICE SUPPLIER

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

09/20/05 THEATER TICKET SELF \$100  
09/20/05 THEATER TICKET SPOUSE \$100  
09/20/05 DINNER SELF \$75  
09/20/05 DINNER SPOUSE \$75

## 12.b. Amount.

\$350

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <u>ST. LOUIS CONST. LABORERS' WELFARE FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2357 59TH STREET</u></p> <p>City <u>ST. LOUIS</u></p> <p>State <u>Missouri</u> ZIP Code + 4 <u>63110</u></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11.a. Nature of such dealing.</b></p> <p><u>PROVIDES HEALTH BENEFITS TO LIUNA MEMBERS.</u></p>  <p><b>11.b. Approximate dollar value of such dealing.</b></p> <p>_____</p>
	<p><b>12.a. Nature of interest held or income received.</b></p> <p><u>11/10/05 - 11/19/05</u>  <u>EDUCATIONAL MEETING</u>  <u>AIR FARE \$735</u>  <u>HOTEL \$1680</u>  <u>DAILY EXPENSE \$620</u>  <u>REGISTRATION FEE \$1605</u></p>  <p><b>12.b. Amount.</b></p> <p align="right"><u>\$4,640</u></p>